
History

Dr. James Barry: military man — or woman?

KATHLEEN M. SMITH

Old Montreal in the winter of 1857. In this town of narrow streets and dirt sidewalks, life was bleak for all but the handful of ladies and gentlemen who constituted the town's "society". Inadequate sewage and water supply systems led to regular epidemics of a killing typhoid. Malnutrition was a way of life.

Furthermore, sections of the city are dangerously overcrowded. In addition to a large civilian population, Montreal houses troops of the Canada Command of Her Majesty's Army. Along with Kingston, Quebec and Toronto, it is the major outpost of British imperialism in North America. But the men are quartered in crowded, unhygienic barracks. Alcoholism among the enlisted soldiers is a major problem.

Into this set of circumstances walks one of the most fascinating and controversial figures in Canadian medical history. She is Dr. James Barry — Inspector-General of Army Hospitals in Upper and Lower Canada from 1857 to 1859 — a woman who successfully masqueraded as a man for most of her life.

During 46 years of active service in the British Army Medical Corps, Dr. Barry's achievement was extraordinary. If controversy remains about her sex, it must be at least partly because society balks at the thought of such achievement by a woman. Her male colleagues, members of the army and medical profession, and subsequent historians have remained skeptical of her flagrant and highly successful deceit.

Though we don't know her exact



An extraordinary figure in history: irascible, unloved and somehow tragic.

birthdate, records show a young James Barry entering Edinburgh University in 1810. She was between the ages of 10 and 14 and accompanied by a guardian, a Mrs. Bulkeley, who seems to have disappeared shortly thereafter. We do

not know who her parents were. Dressed as a man, in frock coat and long pants, she arrived determined to pursue Edinburgh's well regarded course in medicine. And pursue it with a passion she did — with classes in chemistry, anatomy, mid-

Kathleen Smith, a Toronto freelance writer, has a particular interest in the history of women in medicine.

wifery and dissection. She did a stint as a pupil-dresser, changing bandages, first in a crowded Edinburgh hospital, and then in London under the tutelage of Sir Astley Cooper.

Barry obtained her degree after only 2 years of study, brilliantly defending in Latin her graduating thesis on hernia of the groin.

In 1813, Barry enlisted as a hospital assistant with the British Army. In those days, military service often provided the only opportunity for seeing the world. It was an exciting and thoroughly masculine profession and Barry's rise through its ranks was swift and remarkable. After only 2 years, Barry received her first promotion to assistant surgeon and was posted to the South African colony of the Cape of Good Hope.

It was in South Africa that Barry's emerging personal and professional eccentricities first evoked comment. Her highpitched voice, effeminate manner and short-fused temper were duly noted by Afrikaners. The epithet "Kapok Doctor" was bestowed when it appeared that the doctor was padding her shoulders with cotton.

A placard was affixed to one of the posts of the Hout St. bridge . . . [it] was seen and read, to all intents and purposes, by one man only, . . . who 'found it to be a most disgusting anonymous letter reflecting upon the moral character of Lord Charles Somerset; it did, in fact suggest an immoral relationship between the Governor and Barry . . . When the story got about 'a great sensation was excited throughout the town'.

Amidst scandal of this nature, Dr. Barry was slowly making her mark in South Africa as a medical innovator. Gossip and foggy remembrances aside, the only aspect of Barry not in dispute was her skill as a physician. When appointed colonial medical inspector, Barry used her power to stop widespread administering of drugs by unqualified persons. She urged vast changes in the care given to lepers and other inmates of institutions, regardless of race, arguing the benefits of fresh air and balanced diet long before such measures became standard. She herself was a strict vegetarian, even in a time when fresh fruits and vegetables were not always readily available. Her tenure in South Africa, and her entire medi-

"After she was dead I was told she was a woman. I should say she was the most hardened creature I ever met throughout the army."

Florence Nightingale

However ridiculed, Barry proved a competent physician and was soon attending fashionable Cape families. Among them was the family of Barry's great friend and patron, Lord Charles Somerset, governor of the colony.

Stories linking the pair romantically form a large part of Barry lore. Isabel Rae, in her definitive 1958 biography of the doctor, describes the original incident from which these stories may have sprung:

cal career, were distinguished by what one writer, biographer June Rose, calls "her searing compassion".

As a surgeon, Barry proved herself non-pareil by performing in 1820 one of the first cesarian sections ever in which both mother and child survived. It was not until 1833 that this operation was successfully performed in Great Britain. The grateful family christened their child James Barry Munnik.

The scandal and controversy that

The Royal College of Physicians and Surgeons of Canada

Examinations

The written examinations of the Royal College are held in September each year. Applicants wishing to sit the examinations should note the following:

1. Every applicant for admission to the examinations must submit an application for assessment of training.
2. Applicants in training in Canada should apply for preliminary assessment of training at least one year before they expect to sit the examinations, that is not later than September 1st of the preceding year.

Applicants who have had training outside Canada should submit their initial application for assessment at least 18 months before they expect to sit the examinations, that is by March 1st of the preceding year.

Only applicants whose assessment of credentials is complete will be accepted to sit the examinations.

3. Applicants who desire to sit an examination, having complied with the above requirement of preliminary assessment of training, must notify the College in writing of their intent before February 1st of the year of the examination. Upon receipt of this notice of intent, the evaluation of the applicant's performance during training will be added to the previously completed assessment of credentials. Each applicant will then receive notification as to eligibility.

Those accepted as candidates will receive an examination application form to be completed and returned to the College.

4. The following documents may be obtained from the College office.

- (a) Application forms for assessment of training.
- (b) General information booklet on training requirements and examinations.
- (c) Specific requirements for training and regulations relating to the examinations in each specialty. Please indicate the specialty or specialties you are interested in.
- (d) Listing of specialty training programs in Canada accredited by the College.

5. Address all enquiries to:

**Office of Training and Evaluation
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"Wanting her secrets to go with her to the grave, Barry had requested that there be no post-mortem following her demise and that she be buried in whatever she was wearing at the time."

was to mark her career gained further momentum during Barry's stint as principal medical officer of the island of St. Helena from 1836 to 1838. Here, her responsibilities included running the Regimental and General Civic Hospitals, laying in supplies and drugs and supervising medical attention for both the civil and military populations. When the assistant commissary-general of the island refused to supply stores for the civil portion of Barry's command (a refusal she found contradictory to the orders of the director-general of the entire army medical department, Sir James McGrigor), she took matters into her own hands — getting supplies through other, less official channels. Though she wrote directly to Sir James, informing him of her intentions, she found herself in the middle of a court martial for "conduct unbecoming the character of an officer and a gentleman . . ." The charges were eventually dismissed and Dr. Barry even won her battle to have the commissary-general supply both the civil and military branches of her command.

However, her troubles with the authorities had only just begun. Early in 1838, Barry was ordered home to England under arrest. Unfortunately, the records from this period have been lost and we do not know with what she was charged. On arrival before Sir James in London, the doctor was again acquitted

and her freedom restored. Again, we do not know why.

Early in 1857 Barry wrote to a colleague:

So I am to go to Canada to cool off myself after such a long residence in the Tropics and hot countries. . . This much for changes and chances in this world of woe and this vale of tears as scholars would say.

Some months later, Dr. Barry arrived in Canada to the full force of a Canadian winter. She had become increasingly frail, aged by repeated arduous sea voyages and constant exposure to disease and primitive living conditions. Also, perhaps, by the strain of her continual masquerade. Since her days on St. Helena, she had served short terms in Barbados, Trinidad, Malta and Corfu. This was to be her last posting.

She was to be well-remembered in Montreal, which must have been socially her most civilized assignment since Cape Town. She joined the first gentlemen's club to open in Canada, modelled on London's prestigious St. James Club. Contemporaries remember her bright red sleigh in which she was whisked to church and receptions and her tours of inspection to barracks in Quebec, Kingston and Toronto. Professionally, Barry remained concerned with the everyday details of health and welfare, fighting for the construction of more sophisticated sewage and drainage systems and tackling the diet deficiencies and wholesale drunkenness that were then the norm of military life. Her continuing compassion and understanding of human spirit is revealed in correspondence with the deputy quartermaster general:

Probably one of the causes (for drunkenness) . . . is the absence of separate accommodation for married persons [in the barracks] . . . had a . . . room been told off for each married person, they might live with decency and bring up their children in the fear of God, without being tainted with the awful and disgusting language of a barrack room.

Barry did not flourish in Canada, falling victim to the bitter cold and her exhausting workload. By the

spring of 1859, she lay ill with flu and bronchitis. She was attended by Dr. G.W. Campbell, later dean of the medical school at McGill University who, when asked about Barry's sex, said:

If I had not stood in awe of Inspector General Barry's rank and medical attainments I would have examined him — that is, her — far more thoroughly. Because I did not and because his — confound it, her — bedroom was always in almost complete darkness when I paid my calls, this, ah, crucial point escaped me.

On May 4, 1859, Dr. Barry left for England, where the army medical board retired her.

When Dr. James Barry died 6 years later, she was a bitter and disappointed woman who felt her last years had been wasted and her talents ignored by the army medical department. In this draft of a memorial sent to the secretary of state for war, Barry protests her examination by the medical board and subsequent involuntary retirement:

Without impugning the desire of the young officers who examined your Memorialist to perform their duty impartially and honestly he has to observe that not one of them had ever seen your Memorialist before; owing to his late illness in Canada, and to the effects of a sea voyage, from which he suffers greatly, looked unusually delicate and meagre, and that consequently the Board somewhat hastily jumped to the conclusion that your Memorialist was in a bad state of health; whereas the fact is that he feels and believes himself to be stronger and in better health than he has been for the last two or three years, and fully capable of effectively performing the duties of his rank.

Barry was never reinstated, despite her numerous protests, and early in July of 1865 in London she succumbed to influenza.

Wanting her secrets to go with her to the grave, Barry had requested that there be no post-mortem following her demise and that she be buried in whatever she was wearing at the time. The mystery begins in earnest with the disregard for these orders.

Sophia Bishop was a charwoman sent to lay out the body. Stripping away the nightclothes in order to wash the body, she was to discover

the corpse of a woman. One who had borne a child, she insisted. The story rapidly found its way into a Dublin newspaper and official correspondence began to fly between the doctor who signed the death certificate, Dr. McKinnon, and army administration. As rumour blossomed, an official line was quickly chosen and the description of Barry as a "male" allowed to stand in the records. But McKinnon, who knew and disliked Barry stated "...my own impression was that Dr. Barry was a Hermaphrodite", all the while admitting that he had not thoroughly examined the body. Who and what was she?

Though Dr. Barry, with her eccentric clothes and manner, was a controversial figure during her life, the real furor concerning her sex did not arise until after her death. Fuelled by continuing discoveries of new material, the debate goes on today.

Was she a woman, or an imperfectly formed man? How could she so thoroughly disguise her femininity in the constant company of fellow officers and surgeons? How did she hide traces of menstruation? And how did she deal with the strain that constant subterfuge must have created? Unless new and specific evidence surfaces somewhere, we'll never know the true story.

It seems pointless to speculate whether young Barry had any of the "normal" feminine desires — for pretty clothes, for beaux and eventually a family. She was one of those rarities of any profession — a person who pursued her career with *total* dedication. She chose to be a military doctor. Not to fight for the right of a woman to become one — but simply to *be* one. The quickest course then, was to become a man in the eyes of the world.

Some would say that this constitutes disloyalty to her sex. Tributes and accolades abound for other "pioneers" like Florence Nightingale who did not deny their femininity. (Nightingale and Barry did meet briefly . . . and disliked each other on sight. Nightingale was later to say "...After she was dead I was told she was a woman. I should say she was the most hardened creature I ever met throughout the army.") But Barry's contribu-

tions in the field of medicine, her alleviation of much pain — not to mention her courage — demand that we forgive her.

Over the years a great deal of romance and mystery have built up around the Barry story. As historian Edmund Burrows points out in his "History of Medicine in South Africa", (where Barry is revered — but note the masculine reference):

The circumstances of his life have been dramatized to such a degree and so much speculation woven around the meagre facts that do exist, that an objective approach to it has become well-nigh impossible.

Even the scholarly efforts of some well regarded historians have a distinct note of disapproval to them. One particularly condescending description appears in the *Canadian Medical Association Journal* of 1929:

The fact of a woman practising medicine no longer appears incongruous. On the other hand, she was eccentric and unattractive in character, and her whole life was built upon a lie.

Other researchers have not even tried for objectivity, but have played up the legend for all it's worth.

Olga Racster and Jessica Grove were two turn-of-the-century British writers specializing in "Barryana". They devised, among other things, a play about the doctor which premiered at St. James Theatre in 1919 with Sybil Thorndike in the title role. And, in their (mostly fictitious) novel "Dr. James Barry — Her Secret Life", Grove and Racster portray our feisty heroine as a passionate young imposter who realizes that she must suppress her love for a dashing colleague:

Oh Cloete, Cloete . . . I never realized till now what you meant to me . . . I told you love was the one precious thing in life . . . More than ever do I know it, now that you are lost to me.

Surely this is Victorian melodrama at its best.

Among the more serious Barry scholars is Isabel Rae, a British writer who was allowed access to the War Office where most of the "Barry Papers" were kept. Her definitive 1958 biography, "The Strange Story of Dr. James Barry"

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destroyed some myths, while supporting others. The papers include a statement by Sophia Bishop, who laid the doctor out for burial, which Rae accepts as the definitive proof of Barry's sex.

Other writers remain skeptical, consistently referring to "her" as "he". In a recent history of medicine in Canada, Donald Jack outlines the controversy surrounding Barry's sex, but refers to Barry in the masculine in the body of the chapter.

Who can say for sure? There is just too much of the folktale and not enough concrete evidence.

Several portraits of Barry and one actual photograph exist, carefully housed in the archives of England's Royal Army Medical College. And while they are fascinating, they shed little light on the real Dr. James Barry. They reveal a small, ugly, rather cantankerous looking person who could be either a man or a woman. In the photograph she is flanked by her small dog (she always kept a small dog named Psyche) and her black manservant. It is all frustratingly ambiguous.

We're left with an unfinished portrait of an extraordinary figure in history: irascible, unloved and somehow tragic. We can only hope that her masquerade gave her some joy and amusement — if not as much as it has given all those who have since heard her story. ■